Children's Mental Health Waiver

Provider Procedure for: Notice of Incident Documentation/Reporting

Implementation Date: 7/1/06

Revision Date: 9/1/07

Overview

All Children's Mental Health waiver providers have a "duty to report" as outlined in the Child Protection Services Act (Wyoming Statute W.S. 14-3-205) – "Any person who knows of or has reasonable cause to believe or suspect a child has been abused or neglected or who observes any child being subjected to conditions or circumstances that would reasonably result in abuse or neglect shall immediately report it to the child protection agency or local law enforcement agency or cause a report to be made".

Completion of the Notice of Incident Form (WM-4) and notification of contacts listed is required <u>no later</u> than 24 hours after incident.

The Waiver Program does not have the authority to investigate or substantiate suspected abuse, neglect, exploitation, or self-neglect. This is done by the Department of Family Services. An internal review of the incident by the Waiver Program is undertaken to focus on how waiver specific procedures were followed and what provider specific actions were taken. Findings of this internal review may result in changes to provider procedures or additional provider training.

The following list defines the conditions and circumstances that must be reported using the *Notice of Incident* form (WM-4) for the Children's Mental Health Waiver.

Suspected Abuse/Neglect/Abandonment

<u>Suspected Abuse</u>: Abuse means inflicting or causing physical or mental injury, harm, or imminent danger to the physical or mental health or welfare of a child other than by accidental means, including abandonment, excessive or unreasonable corporal punishment, malnutrition or substantial risk thereof by reason of intentional or unintentional neglect, and the commission or allowing the commission of a sexual offense against a child as defined by law (W. S. 14-3-202). <u>Suspected Neglect</u>: Neglect means a failure or refusal by those responsible for the child's welfare to provide adequate care, food, clothing, safe shelter, maintenance, supervision, guidance, education or medical, surgical or any other care necessary for the child's well-being (W.S. 14-3-202).

<u>Suspected Abandonment</u>: Abandonment means the child has been left without obvious behavioral, verbal, or written intentions of reclaiming the child (W.S. 14-3-202).

Other Crimes

Rape: Including attempts to commit rape.

<u>Aggravated assault</u>: Defined as an unlawful attack on a victim using a firearm, knife, or cutting instrument; other dangerous weapon, or hands, fist, feet, etc.

<u>Police Involvement</u>: Defined as any incident not falling into the categories above that resulted in police involvement with youth receiving waiver services, including but not limited to arrests, questioning, or police calls to the youth's home or service delivery site.

Injury Caused by Restraints

Manual or physical restraint: Any hands-on technique that involuntarily restricts the movement or function of a youth or portion of a youth's body.

<u>Chemical restraint</u>: Any drug used to involuntarily restrict the movement or function of a youth. <u>Mechanical restraint</u>: Any device used to control acute, episodic behavior that involuntarily restricts the movement or function of a youth or portion of a youth's body.

Other Classifications of Incidents

<u>Serious Injury</u>: An injury that requires professional medical treatment. Serious injuries are those that require treatment from a hospital or outside medical professional. Medical professionals include but are not limited to MDs, RNs, and LPNs.

Self-Injurious Behaviors: Behaviors that the youth intentionally engage in that cause physical bodily harm. Behaviors may include: cutting/carving, scraping/scratching, branding/marking, burning/abrasions, biting/bruising, picking or pulling skin/hair, inserting sharp objects into body, or hitting. Tattoos and body piercing are not considered forms of self-injurious behavior unless the youth perform the above noted behaviors at the site to cause physical bodily harm. Hospitalization: Admission to a medical facility or psychiatric facility for care and services. Elopement: Running away or leaving without permission, the place you are supposed to be. Medication Errors: Any preventable event that may cause or lead to inappropriate medication use or harm to youth while a medication is in their control. Errors may include: taking/giving the wrong medications, medications taken/given at the wrong time, medications given to the wrong person, giving/taking the wrong dose of medication, or taking the medication via the wrong route. Events may be related to professional practice, health care products, procedures, and systems including prescribing, product labeling/packaging, dispensing, administering, monitoring and use. Death

Waiver Provider Roles and Responsibilities

ALL Waiver Service Providers will:

- Complete Notice of Incident form (WM-4) for any/all conditions and circumstances defined in this procedure IMMEDIATELY AFTER taking action to address the youth's health and safety needs.
 - o Provide all information requested by the form leave no blanks.
 - Be specific and concise in your description of the incident and actions taken following the incident to safeguard the health and safety needs of the youth (and provider if applicable).
- Notify the contacts listed on the Notice of Incident form (WM-4).
 - Document the name of the person, date, and method of information sharing (telephone, fax) for the Local DFS office and waiver Family Care Coordinator.
 - Document the date the Notice of Incident form was faxed to Protection and Advocacy and the Mental Health and Substance Abuse Services Division.
- Notify the local law enforcement agency <u>immediately</u> if you think a crime may have been committed.
 - Document the name of the agency representative, date and TIME of contact, and how you contacted them (telephone call, 911, follow-up fax) on the Notice of Incident form.
- Notify the youth's family/parent/guardian if they are unaware of the incident and <u>if appropriate</u> (there is no suspected involvement by them in the incident being reported).
 - Document the name of the family member, date, and method of information sharing (telephone call, left message).
- Completion of the Notice of Incident Form (WM-4) and notification of contacts listed is required <u>no</u> later than 24 hours after incident.

Family Care Coordinator will (in addition to above responsibilities):

- Receive a copy of the completed *Notice of Incident* form.
- Monitor incidents reported as they are received to identify severity of incident, number of reports received in specific time periods, etc. to identify issues that should be discussed with the youth/family, the Family Care Team, and others as identified.
 - Convene Family Care Team Meeting to discuss and address issues identified.
 - Follow applicable waiver procedures to institute services to address findings as appropriate.
- Review incident report information received from the Waiver Program to review for possible trends or patterns.